FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
1 011111 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5	
Marijuana Poli	cy Project Medical Marijuana PAC or MPP Medical Marijua	na 	
ADDRESS (number and s	PO Box 77492 Capitol Hill		
(Check if address			
is changed)	Washington	PC	20013 -
	CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAIL	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	sara@mpp.org		
o thanget,			
COMMITTEE'S WED I	PACE ADDRESS (UDL.)		
	PAGE ADDRESS (URL) www.mpp.org		
(Check if address is changed)	www.iipp.org		
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT	TION NUMBER C C00389882		
4. IS THIS STATEMI	ENT NEW (N) OR X AMENDED (A)		
Logrify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct a	nd complete	
reenily that mave examin	red this Statement and to the best of my knowledge and belief it is true, correct a	na complete	
Type or Print Name of 1	Treasurer Robert D. Kampia		
Signature of Treasurer	Electronically Filed by Robert D. Kampia	Date 03	30 / 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this Sta	·	_
Office	For further information		
Use Only	Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2			
5. TYPE OF COMMITTEE (C							
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate			
	Name Candi						
	Candi Party	idate Affiliatio	on Office House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Party	Comm					
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Politic	Political Action Committee (PAC):					
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:			
			Corporation Corporation w/o Capital Stock Lal	bor Organization			
			X Membership Organization Trade Association Co	poperative			
			X In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party			
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
_	loint F	Fundra	ising Penrasentative				
Joint Fundraising Representative:							
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid			committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			r more political			
		Com	mittees Participating in Joint Fundraiser				
			1. FEC ID number				
			2. FEC ID number				
			3. FEC ID number				
			. FEC ID number C				

FEC Form 1 (Revis	sed 02/2009)		Page 3		
Write or Type Committee Na	nme				
Marijuana Policy Pr	roject Medical Marijuana PAC or M	IPP Medical Marijuana PAC			
6. Name of Any Connecte	ed Organization, Affiliated Committee, Jo	oint Fundraising Representative, or I	_eadership PAC Sponsor		
Marijuana Policy Pro	pject				
Mailing Address	236 Massachuse	tts Ave. NE			
	400				
	Washington	pc pc	20002]		
	CITY▲	STATE ≜	ZIP CODE 🛕		
Relationship:					
X Connected Organiza	ation Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor		
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
Full Name	Andrea Carscadden				
Mailing Address	30 Wedgedale Dr	ive			
	Sterling		20164		
Title or Position ▼	CITY A	STATE	ZIP CODE A		
Office	Manager	Telephone number 20	<u> </u>		
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the				
name and address of	f any designated agent (e.g., assista	nt treasurer).			
Full Name of TreasurerRo	obert D. Kampia				
Mailing Address	1000 Park Rd. N\	N			
3 U U					
	Washington	DC	200102019		
Title or Position ♥	CITY A	STATE	ZIP CODE A		
Execu	utive Dir.	Telephone number	02 _ 462 _ 5747		

Full Name of Designated Agent Sara Cannon Mailing Address 236 Massachusetts Ave. NE 400 Washington DC 20002 Title or Position ▼ CITY A STATE A ZIP CODE A Office Manager Telephone number 202 462 5747 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. PNC Financial Services Group Mailing Address Mailstop PS-PUSX_36-1 Pittsburgh CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.	FEC Form 1 (Revised	02/2009)		Page 4
## A00 Washington DC 20002	Designated	Sara Cannon		
Washington DC 20002 Title or Position ▼ CITY A STATE A ZIP CODE A Office Manager Telephone number 202 _ 462 _ 5747 Telephone number 202 _ 462 _ 5747 Telephone number 202 _ 462 _ 5747 Telephone number 203 _ 462 _ 5747 Telephone number 204 _ 462 _ 5747 Telephone number 205 _ 462 _ 5747 Telephone number 206 _ 462 _ 5747 Telephone number 207 _ 462 _ 5747 Telephone number 208 _ 462 _ 5747 Telephone number 209 _ 462 _ 5747 Telephone number 200 _ 462 _ 5747 Telephone number 201 _ 462 _ 5747 Telephone number 202 _ 462 _ 5747 Telephone number 203 _ 462 _ 5747 Telephone number 204 _ 462 _ 5747 Telephone number 205 _ 462 _ 5747 Telephone number 206 _ 462 _ 5747 Telephone number 207 _ 462 _ 5747 Telephone number 208 _ 462 _ 5747 Telephone number 209 _ 462 _ 5747 Telephone number 200 _ 462 _ 5747 Telephone number 201 _ 462 _ 5747 Telephone number 202 _ 462 _	Mailing Address	236 Massachusetts Av	e. NE	
Office Manager Telephone number 202 462 5747 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. PNC Financial Services Group Mailing Address Mailstop P6-PUSX-36-1 Pittsburgh PA 15219 CITY △ STATE △ ZIP CODE △ Name of Bank, Depository, etc.		400		
Office Manager Telephone number 202 462 5747 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. PNC Financial Services Group Mailing Address Mailstop P6-PU\$X,36-1 Pittsburgh PA 15219 - CITY A STATE ZIP CODE A Name of Bank, Depository, etc.		Washington	DC	20002 –
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. PNC Financial Services Group Mailing Address 600 Grant Street Mailstop P6-PUSX-36-1 Pittsburgh PA 15219 CITY A STATE ZIP CODE A Name of Bank, Depository, etc. Mailing Address Mailing Address	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
Address or maintains funds. Name of Bank, Depository, etc. PNC Financial Services Group 600 Grant Street Mailing Address Mailstop P6-PUSX-36-1 Pittsburgh CITY STATE ZIP CODE Mailing Address Mailing Address	Office Ma	nager	Telephone number 202	462 5747
Mailstop P6-PUSX-36-1 Pittsburgh CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address				
Pittsburgh CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	Mailing Address	600 Grant Street		
CITY A STATE A ZIP CODE A Name of Bank, Depository, etc. Mailing Address		Mailstop P6-PUSX-36-1		
Name of Bank, Depository, etc. Mailing Address Mailing Address		Pittsburgh	PA PA	15219
Mailing Address Line Indian Address		CITY 🗖	STATE.▲	ZIP CODE 🛕
	Name of Bank, Depository, e	etc.		
	Mailing Address			
CITY A STATE A ZIP CODE A				
		CITY 🗖	STATE △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain		e committee deposits funds, h	olds accounts, rents
Name of Bank, Depository, etc.	is falles.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE ∡	ZIP CODE 🛕
		OTATE	
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundrais	sing Representative, or Lead	[ADDITIONAL] ership PAC Sponsor
Mailing Address		<u> </u>	
Deletionalis	CITY▲	STATE ≜	ZIP CODE
Relationship: Connected Organization	Affiliated Committee Joint Fundra	ising Representative Le	eadership PAC Sponsor
Parisment of Assert			[ADDITIONAL]
Designated Agent Aaron	Houston		
Full Name			
Mailing Address	236 Massachusetts Ave. NE		
	ste. 400		
	Washington	DC	
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
Lobbyist		202	462 5747
		Telephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number	